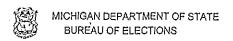


CANDIDATE COMMITTEE COVER PAGE

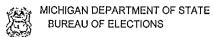
FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.	3. This Statement covers From: 8-26-2014 to 10-19-2014			
1. Committee I.D. Number 15-0696	4. Candidate Last Name First Name M.I. Meylan Ed			
2. Committee Name	4a. Office Sought Including District # or Community Served (If applicable)			
Ed Meylan For Road Comu,	Road Comission 4b. County of Residence			
5. Committee's Mailing Address	6. Treasurer's Name & Residential Address			
1161 5. Eight have Rd				
1161 5. Eight Mile Rd. Kawkawlin, M1 48631	Same			
Area Code and Phone If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.	Area Code & Phone			
7. Treasurer's Business Address	8. Designated Record keeper's Name and Mailing Address (lifthe committee has a Designated Record keeper)			
same	A A LUCZA			
Area Code and Phone	Area Code and Phone			
9. TYPE OF STATEMENT	Area code and Filore			
9a. Pre-Election OR 9b. Post-	t-Election 9c. Annual Statement (Coverage Year)			
Pre-Election or Post-Election Statement relates to:	9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to Indicate which Statement is being amended)	; ~-		
Primary	ge. Dissolution of Candidate Committee	1		
Convention	Effective Date of Dissolution			
Special	CLIS			
Date of Election, Convention or Caucus $11 - 4 - 2014$	By checking this item, I/We certify that the committee has no assets or	the Reporting Waiver. Note: The disposition of residual funds must be reported on Schedule		
A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.				
	n the preparation of this statement and attached schedules (if any) and to the best of mplete.	-		
Current Treasurer or Designated Record keeper Fune or Print Name	5/Mela_ Dale 10-20-14	.		
T / 00	Signaturé 1 Sel Myler Date 10 - 20 - 14			
Candidate Tall 1980 Value 1 Type or Print Name	1 / Date 10 - 20 - 14 Signature Date 10 - 20 - 14			



1. Committee I.D. Number	150696
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2. Committee Name Ed Meylan for Road Comm. SUMMARY PAGE CANDIDATE COMMITTEE RECEIPTS Column I Column II This Period Cumulative this election cycle 3. Contributions (3a.) \$ 1050.00 · a. Itemized (Schedule 1A - Column 6) b. Unitemized (less than \$20.01 each - no Schedule) (3b.) \$___NOT APPLICABLE c. Subtotal of "Contributions" (18.) \$ 4. Other Receipts (Schedule 1A -1, Column 6) (19.) \$ _____ 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (20.) \$ _____ (Add Line 3c + Line 4) IN-KIND CONTRIBUTIONS & EXPENDITURES 60.00 6. In-Kind Contributions (Schedule 1-IK, Column 7) (21.) \$ ___ 7. In-Kind Expenditures (Schedule 1B-IK, Column 6) (22.) \$ ____ EXPENDITURES 8. Expenditures (8a.) \$ _ 350.00 a. Itemized (Schedule 1B, Column 6) b. Itemized Get-Out-the-Vote (Schedule 1B-G) (8b.) \$ ____ c, Unitemized (less than \$50.01 each - no Schedule)-(9.) \$ 350.00 9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c) INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only) 10. Disbursements a. Itemized (Schedule 1C, Column 6) (10a.) \$ _ b. Unitemized (less than \$50.01 each - no Schedule) 11, TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b) (24.) \$ _ **DEBTS AND OBLIGATIONS** 12. Debts and Obligations (12a.)\$_2070.00 a, Owed by the Committee (Schedule 1E) b. Owed to the Committee (Schedule 1E) BALANCE STATEMENT 950,00 13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.) 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) 15, SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period (Add lines 9 and 11) 17, ENDING BALANCE (Subtract line 16 from line 15)



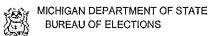
ITEMIZED CONTRIBUTIONS **SCHEDULE 1A** CANDIDATE COMMITTEE

1. Committee I.D. Number 150696 2. Committee Name Ed Meylan for Road Comm

CANDIDATE CONTINUE 1 LE 2, Committee Name	megini in	1
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 8/24/2016 Name & Address: Bay White Hembitian Party	4	
bay to Alpublican Party 306 John 50-n Street Bay Can M 48108 5. If over \$100.00 cumulative, please provide:	\$Click Here for	s 500,00
Occupation Employer		
Business Address		
Type of Contribution: X Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 9/10/20/4 Name & Address		
11m Meylan 1478 Eight Mile Rd Kawkawin, Mi 48631 5. If over \$100.00 cumulative, please provide:	\$	\$ 200,00
5. If over \$100.00 cumulative, please provide:	Click Here fo	r Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 9/10/2014 Name & Address: Dan Cole 1275 Eight-Mille Kaull audun MI (4803) 5. If over \$100.00 cumulative, please provide:	\$	\$ <u>50.00</u> Memo Itemization
•		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser		
S. Contribution #4 PAC Receipt? YES 4. Date of Receipt 4/10/2014 Name & Address JOHN SHAVFAY A 11705 HUVON HOAD KAWKUWIN, M 5. If over \$100.00 cumulative, please provide:	\$	\$ 201.00
	Click Here for	Memo Itemization
Occupation Employer		
Business Address		
Page Subtotal	950.00	
Grand Total of All Schedules 1A	950.00	

(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.



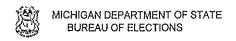
ITEMIZED CONTRIBUTIONS SCHEDULE 1A CANDIDATE COMMITTEE

1. Committee I.D. Number		
2 Committee Name	Meylan	for Road Comm

Page.

					•	
	x to indicate if cor	tribution is from a Political		, enter last name, first name, nittee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: John Min W 5. If over \$100.00 cumu	PAC Receipt? Ren der Linuve January January	Li	Rece	aipt <u>9/10/30/4</u>	\$	\$100:00
				•	Click Here	for Memo Itemization
Business Address						
Type of Contribution:	Direct	Loan from a person	<u> </u>	Fund Raiser		
3. Contribution #2 Name & Address	PAC Receipt?	YES 4. Date of	Rece	lipt		
·					\$	\$
5. If over \$100.00 cumu	ılative, please pro	ovide:			Click Here	for Memo Itemization
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				***************************************	
Business Address		_				
Type of Contribution:	Direct	Loan from a person	Г	Fund Raiser		
3. Contribution # 3 Name & Address:	PAC Receipt?	YES 4. Date o	f Rece	eipt	*	
					\$Click Horo t	\$for Memo Itemization
5. If over \$100.00 cumu	ilative, please pro	ovide:		•	Click Flete I	of Memo Remization
Occupation		_ Employer				
Business Address Type of Contribution:	Direct	Loan from a person		Fund Raiser		
3. Contribution # 4 Name & Address	PAC Receipt?	YES 4. Date of	f Rec	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
					\$	\$
5. If over \$100.00 cumu	lative, please pro	ovide:			Click Here f	or Memo Itemization
Occupation		Employer				
Business Address						
Type of Contribution:	Direct	Loan from a person		Fund Raiser		
			,	Page Subtotal	100.00	
		(rand Total of All Schedules 1A blete on last page of Schedule)	1050.00 Enter this total on line 3a of Summa	
2 ~					inte sa di Summa	ıy

Page _____ of _____



Co-Sponsor(s)

1. Committee I.D. Number **FUND RAISER SCHEDULE 1F** CANDIDATE COMMITTEE - USE A SEPARATE SHEET FOR EACH EVENT -6. Address and Name (If any) of the 4. Number of Individuals Attending 5. Type of Fund Raising Activity 3. Date Event Was Held or Participating (whichever is place where the activity was held, Huronkork Kawkawlin, M HOTDOG&BRAT greater) DINNER 20 550.00 7. Total Contributions 0.00 8. Other Receipts 550.00 9. Gross Receipts (Add lines 7 and 8) 351.00 10. Total Cost of Event (Total Cost includes In-Kind Contributions and All Expenditures Made For the Event) 11. Check if event was a joint fund raiser and complete the following:

Expenditure Split

(%)

The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.

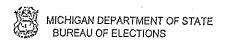
Contribution Split

(%)

 Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.

• Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.

_		
Paαe	or	



DEBTS AND OBLIGATIONS SCHEDULE 1E

1. Committee I.D. Number

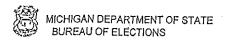
150696

Ed Meylan for Road Conniessioner CANDIDATE COMMITTEE This Schedule itemizes: Debts and obligations owed by or forgiven the committee b. Debts and obligations owed to or forgiven by the committee. (Check either a or b. Use only for the purpose checked.) 3. Name and Mailing Address of person, vendor or 4. Type of Obligation 7. Date and amount of 8. Cumulative 9. Outstanding financial institution to whom debt is owed. (Description) each payment payment to Balance at close 5. Indicate date debt was date on debt of this period Check box to indicate whether debt is owed to an Incurred (item 6 minus incorporated business. If debt is a bank loan, please 6. Indicate original amount İtem 8) provide information regarding the endorsers or of debt guarantors, if any. Debt #1 Owed to or by: Ed Mellan 11419. Eight Mile 5. Date Debt Was Incurred: Kawkaulin, MI 48631 If bank loan, name of endorser or guarantor: Amount Endorsed: \$ Debt #2 5. Date Debt Was Incurred: FORGIVEN If bank loan, name of endorser or guarantor: Amount Endorsed: \$ Debt#3 Согр? Yes 4. Type: Owed to or by: 5. Date Debt Was Incurred: 6. Original Amount of Debt: FORGIVEN If bank loan, name of endorser or guarantor: Amount Endorsed: \$ 10 70.00 Page Subtotal (Outstanding debt) Grand Total of all Schedules 1E (Complete on last page of Schedule showing amounts owed by or to the committee) Enter this total

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

Page ____ of _____



DEBTS AND OBLIGATIONS 1. Committee I.D. Number for Road Commission SCHEDULE 1E 2. Committee Name CANDIDATE COMMITTEE This Schedule itemizes: ${}^{2}\overline{\mathcal{M}}$ Debts and obligations owed bv or forgiven the committee OR b. Debts and obligations owed to or forgiven by the committee. (Check either a or b. Use only for the purpose checked.) 3. Name and Malling Address of person, vendor or 4. Type of Obligation 7. Date and amount of 8. Cumulative 9. Outstanding financial institution to whom debt is owed. (Description) each payment payment to Balance at close 5. Indicate date debt was date on debt of this period Check box to indicate whether debt is owed to an incurred (Item 6 minus incorporated business. If debt is a bank loan, please 6. Indicate original amount item 8) provide information regarding the endorsers or of debt guarantors, if any, Debt #1 Owed to or by: 60 5. Date Debt Was Incurred: 10 6. Original Amount of Debt: FORGIVEN If bank loan, name of endorser or guarantor: Amount Endorsed: \$ Debt #2 Corp? Owed to or by: 5. Date Debt Was Incurred: 6. Original Amount of Debt: Š FORGIVEN If bank loan, name of endorser or guarantor: Amount Endorsed: \$ Debt #3 Corp? Owed to or by: 4. Type: 5. Date Debt Was Incurred: 6. Original Amount of Debt: s FORGIVEN If bank loan, name of endorser or guarantor: Amount Endorsed: \$ Page Subtotal (Outstanding debt) Grand Total of all Schedules 1E (Complete on last page of Schedule showing amounts owed by or to the committee)

A debt or obligation must be shown on this Schedule If there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

Page <u>2</u> of <u>2</u>